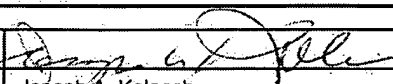


|   |  |                                 |          |
|---|--|---------------------------------|----------|
| <p><i>Effective on 12/08/2004</i><br/>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> |  | <p><b>Complete if Known</b></p> |          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number              |          |
|   |  | 10/568,530-Conf. #4991          |          |
|   |  | Filing Date                     |          |
|   |  | February 17, 2006               |          |
|   |  | First Named Inventor            |          |
|   |  | Touru NIIZAKI                   |          |
|   |  | Examiner Name                   |          |
|   |  | A. S. Abu                       |          |
|   |  | Art Unit                        |          |
|   |  | 1793                            |          |
| TOTAL AMOUNT OF PAYMENT   |  | (\$)                            | 1,270.00 |
|   |  | Attorney Docket No.             |          |
|   |  | 0033-1063PUS1                   |          |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>                            |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |

| <b>FEE CALCULATION</b>  |              |  |                                |                       |                           |                       |                |
|---|--------------|--|--------------------------------|-----------------------|---------------------------|-----------------------|----------------|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES:</b>   |              |  |                                |                       |                           |                       |                |
| Application Type  | FILING FEES  |  | SEARCH FEES                    |                       | EXAMINATION FEES          |                       | Fees Paid (\$) |
|   | Fee (\$)     | Small Entity Fee (\$)                            | Fee (\$)                       | Small Entity Fee (\$) | Fee (\$)                  | Small Entity Fee (\$) |                |
| Utility   | 310          | 155  | 510                            | 255                   | 210                       | 105                   |                |
| Design  | 210          | 105  | 100                            | 50                    | 130                       | 65                    |                |
| Plant   | 210          | 105  | 310                            | 155                   | 160                       | 80                    |                |
| Reissue   | 310          | 155  | 510                            | 255                   | 620                       | 310                   |                |
| Provisional   | 210          | 105  | 0                              | 0                     | 0                         | 0                     |                |
| <b>2. EXCESS CLAIM FEES</b>   |              |  |                                |                       |                           |                       |                |
|   |              |  |                                |                       |                           | Small Entity          |                |
| Fee Description   |              |  |                                |                       |                           | Fee (\$)              | Fee (\$)       |
| Each claim over 20 (including Reissues)   |              |  |                                |                       |                           | 50                    | 25             |
| Each independent claim over 3 (including Reissues)  |              |  |                                |                       |                           | 210                   | 105            |
| Multiple dependent claims:  |              |  |                                |                       |                           | 370                   | 185            |
| Total Claims  |              | Extra Claims                                     | Fee (\$)                       | Fee Paid (\$)         | Multiple Dependent Claims |                       |                |
| 5   |              | 20   | x                              | =                     | Fee (\$)                  |                       | Fee Paid (\$)  |
| HP = highest number of total claims paid for, if greater than 20.   |              |  |                                |                       |                           |                       |                |
| Indep. Claims   |              | Extra Claims                                     | Fee (\$)                       | Fee Paid (\$)         |                           |                       |                |
| 1   |              | 3  | x                              | =                     |                           |                       |                |
| HP = highest number of independent claims paid for, if greater than 3.  |              |  |                                |                       |                           |                       |                |
| <b>3. APPLICATION SIZE FEE</b>  |              |  |                                |                       |                           |                       |                |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              |  |                                |                       |                           |                       |                |
| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof |                                | Fee (\$)              | Fee Paid (\$)             |                       |                |
|   | - 100 =      | 150 =  | (round up to a whole number) x | =                     |                           |                       |                |
| <b>4. OTHER FEE(S)</b>  |              |  |                                |                       |                           |                       |                |
| Non-English Specification, \$130 fee (no small entity discount)   |              |  |                                |                       |                           | Fees Paid (\$)        |                |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...   |              |  |                                |                       |                           | 810.00                |                |
| 1252 Extension for response within second month   |              |  |                                |                       |                           | 460.00                |                |

|                     |   |                                   |                |
|---------------------|---|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |   |                                   |                |
| Signature           |  | Registration No. (Attorney/Agent) | 22,463         |
| Name (Print Type)   | Joseph A. Kolasch   | Telephone                         | (703) 205-8013 |
|                     |   | Date                              | March 19, 2008 |